

Patent

Attorney's Docket No. 012712-432

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of

Darrell R. ANDERSON et al

Application No.: 08/921,060

Filed: August 29, 1997

For: THERAPEUTIC APPLICATION OF  
CHIMERIC AND RADIOLABELED  
ANTIBODIES TO HUMAN B LYMPHO-  
CYTE RESTRICTED...

) **ATTENTION:**  
) **APPLICATIONS BRANCH**

) Group Art Unit: 1815

) Examiner: Unassigned

**REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show corrections that are needed. The corrections are as follows.

Remove the commas after the name of each inventor;

Insert the following:

CONTINUING DATA AS CLAIMED BY APPLICANT--

THIS APPLICATION IS A CIP OF 08/149,099 11/03/93

WHICH IS A CIP OF 07/978,891 11/13/92 ABN

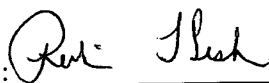
Issuance of a corrected Official Filing Receipt is respectfully requested.

☒ This Request for Corrected Official Filing Receipt is being filed to correct a Patent Office error. No fee is required.

☐ The \$25.00 fee required under 37 C.F.R. § 1.19(h) to correct an Official Filing Receipt due to applicant error: ☐ is enclosed; ☐ is authorized to be charged to Deposit Account No. 02-4800 and this paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 

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Date: February 5, 1998

## FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
08/921,060	08/29/97	1815	\$770.00	012712-432	21	10	1

BURNS DOANE SWECKER & MATHIS  
P OBOX 1404  
ALEXANDRIA VA 22313

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

## Applicant(s)

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*Continuing Date is Claimed By Applicant*

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## TITLE

THERAPEUTIC APPLICATION OF CHEMERIC AND RADIOLABELED ANTIBODIES TO  
HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT  
OF B CELL LYMPHOMA

PRELIMINARY CLASS: 424

